

Date: 9/7/2011

To: Kirk L Loney 33668 183 A North
Fcc Petersburg Medium, Po Box 1000
Petersburg, VA 23804

From: Correspondence Coordinator
V C U Health System M C V Hosp
Po Box 980679
Richmond, VA 23289

Re: Name, DOB, SSN Missing
Medical Records Request for Kirk Loney

Ref #:

Dear Kirk L Loney 33668 183 A North:

To protect the confidentiality of patients, federal law prohibits the release of protected information without proper authorization.

In order for a request for medical records to be processed properly, the patients name, date of birth and/or social security number must appear in the request/authorization for the patient to be identified. One or more of these details were not found in your request. For example you may submit Name, and DOB or Name, and SSN or include all three which would be the most helpful.

Sincerely,

Correspondence Coordinator
Healthport for HIM Department-804-828-4379

HealthPort

P.O. Box 409900
 Atlanta, GA 30384-9900
 Fed Tax ID 58 - 2659941
 1-877-595-9900

Date

9/9/2011

Request ID #

0095582761

*Redacted version
 For Court Sent
 out on Nov. 16, 2011*

Ship to:

Kirk L. Loney 33668 183 A Nor
 Kirk L. Loney 33668 183 A Nor
 Fcc Petersburg Medium
 Po Box 1000
 Petersburg, VA 23804

Requested By: KIRK L LONEY 33668 183 A NOR

Patient Name: LONEY KIRK

DOB: 12161969
 6225255

Records from:

V C U HEALTH SYSTEM M C V HOSP
 PO BOX 980679
 403 NORTH/13 STREET ROOM 302
 RICHMOND, VA 23289

*correct: Date of Birth December [redacted]
 correct: Social Security No. [redacted]*

*Please mark "special Mail" on
 front of envelope and name of person
 have to be specified as sender to give
 the mail its confidentiality. Thanks.*

HealthPort

P.O. Box 1813
 Alpharetta, GA 30023-1812
 Attn: Marketing

HealthPort processes thousands of requests for health information at over 6,500 health care facilities nationwide. If you would like to learn more about HealthPort, or how our suite of services can benefit your facility, please visit our website at: www.HealthPort.com or email us at: marketing@HealthPort.com

Your Name Kirk Lee Loney; Date of Birth Dec. [redacted]; S.S.N. [redacted]

Title Inmate #33668-183

Facility Name F.C.C. Petersburg Medium

Phone Number [redacted] daughter's phone number (more verification of who I am.)

Address Kirk L. Loney, F.C.C. Petersburg Medium, P.O. BOX 1000

City Petersburg, Virginia

State VA. Zip 23804

of Physicians _____

Specialty _____

of Beds _____

of Admits _____